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DEC 5 2014 N WHITE

COVER LETTER

TO: Amendment Section Division of Corporati	ons				
NAME OF CORPORAT	ION: IST LOCKS	SMITH INC			
DOCUMENT NUMBER					
The enclosed Articles of A	mendment and fee are su	ibmitted for filing.			
Please return all correspond	dence concerning this ma	tter to the following:			
Me	OSHE UZIEL				
IS	T LOCKSMITH	Name of Contact F	Person		
		Firm/ Compan	ny		
16	05 MAPLEWO	OD DRIVE			
		Address			
GI	REENACRES,				
	- <u>-</u>	City/ State and Zip			
MVOGEL777@BELLSOUTH.NET E-mail address: (to be used for future annual report notification)					
	is-mail address: (to be us	sec for future annual re	eport no	incation)	
For further information concerning this matter, please call:					
MOSHE WZIEL		at (561		536-8044	
Name of Co	ntact Person			& Daytime Telephone Number	
Enclosed is a check for the	following amount made p	payable to the Florida	Departm	ent of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)		3\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Division P.O. Box	ent Section of Corporations	Ai Di Cl 26	ivision o lifton Bu 561 Exec	nt Section f Corporations	

90/20 308

SHKEEN/STKINY

901-606-606 FZ:60 6107/07/

Articles of Amendment Articles of Incorporation

FILED

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ST LOCKSMITH INC	

TABLANASSON, FLORINA

(Name of Corporation as curre)	ntly filed with the Florida Dept, of State)	一世の民人の行為のとは、記述の開発
P08000004208		
(Document Numl	ber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, F	Florida Statutes, this Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new name of	the corporation:	
		The new
name must be distinguishable and contain the "Corp.," "Inc., or Co.," or the designation "word "chartered," "professional association," o	'Corp," "Inc," or "Co". A professional corp	rporated" or the abbreviation oration name must contain the
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX	
D. If amending the registered agent and/or re	existered office address in Florida, enter the n	ame of the
new registered agent and/or the new regist		<u></u>
Name of New Registered Agent		
	(Florida street address)	_
New Revistered Office Address:	, Flori	da
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag		ons of the position.
Signature	of New Registered Agent, if changing	

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address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Please note the officer/director title by the first letter of the office title: P = President; #= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD. Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe. PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example: X Change PT John Doe X Remove Y Mike Jones X Add <u>\$V</u> Sally Smith Type of Action Title. Name. <u>Address</u> (Check One) 1605 MAPLEWOOD DRIVE **LILIA LOLOV** Change GREENACRES,FL Add 33415 Remove 1605 MAPLEWOOD DRIVE MOSHE UZIEL 2) Change GREENACRES,FL Add 33415 Removė Change Add Remove Change Add Remove Change Add Remove Change Add Remove

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

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•	icles, enter change(s) here: (Be specific)
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ovisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
n amendment provides for an exchovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Datcd 11/25/14	
Signature QQQ	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
MOSHE UZIEL	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	